

OWNER'S ADDRESS CHANGE

PLEASE PROVIDE THE FOLLOWING: A COPY OF YOUR DRIVER LICENSE OR I.D. WE **CANNOT** MAKE A CHANGE WITHOUT THIS INFORMATION

PROPERTY ADDRESS: _____

OWNER'S NAME: _____

PREVIOUS ADDRESS: _____

NEW ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE #: (DAY) _____ (HM) _____

SOCIAL SECURITY # _____ / _____ / _____

PLEASE COMPLETE THIS SECTION ONLY IF YOU WANT CHECK MAILED DIRECTLY TO A BANK OR ADDING AN AGENT (THIS IS NOT DIRECT DEPOSIT)

AGENT OR BANK INFORMATION: _____
(A SIGNED MANAGEMENT AGREEMENT MUST BE PROVIDED FOR PROPERTY AGENTS & MANAGERS)

MAILING ADDRESS: _____ ACCT# _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE# _____ CONTACT PERSON: _____

TENANTS:

_____	_____
_____	_____
_____	_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE: _____ DATE: _____
CMB/PDT- 4-19-02